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10/04/2005

**TRASK BRITT**  
**P.O. BOX 2550**  
**SALT LAKE CITY, UT 84110**

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12/05/2005 TBESHAH2 00000026 201469 10757747

01 FC:2501 700.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:6001 30.00 DA

**Laurence B. Bond** (Depositor's name)  
*Laurence B. Bond* (Signature)  
 2 December 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10757.747	01/15/2004	Nigel James Cuniffie	1866-627RUS	4275

TITLE OF INVENTION: WORK PLATFORM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	01/04/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
THOMPSON, HUGH B	3634	182-045000			

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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1 **TRASKBRITT, P.C.**

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.111. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Aus Struct Services Pty Ltd.**

**Australia**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date December 2, 2005

Typed or printed name

**Laurence B. Bond**

Registration No. 30,549

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# TRASKBRITT

Intellectual Property Attorneys



## FACSIMILE TRANSMITTAL SHEET

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Date: **December 2, 2005**Facsimile No.: **(571) 273-2885**

Telephone No.:

From: **Laurence B. Bond**Serial No.: **10/757,747**Client/matter number: **1866-6278US**Group Art Unit: **3634**Message/Comments: **PTOL-85, Part B - Fee Transmittal**

Faxed by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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